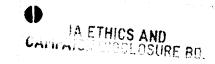
File with:	Res
lowa Ethics and Campaign Disclosure Board	
510 E 12th, Ste. 1A	
Des Moines, Iowa 50319 Facc 515-281-4073	1
COMMITTEE NAME (Must be	same a
1	
Dea	NIA
IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge 5 (4) County Central Committee (5 Subdivision Candidate (8) County	of commistanding (S) (County)
IMPORTANT: Indicate by # type (1) Statewide/Legistative/Ludge S (4) County Central Committee (5 Subdivision Candidate (8) Count 11) Local Ballot Issue	of commi standing (5)County ty PAC (
IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge 5 (4) County Central Committee (5 Subdivision Candidate (8) County	of commi standing (5)County ty PAC (

set Form

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE



2008 DEC 23 AM 8: 17

DISCLOSUILL	7010102-17: 1 7:0=	nii
COMMITTEE NAME (Must be same as on Statement of Organ	. , , ,	FORM
DOWNIA SCHMINT	7 ABASUAB	DR-2 DISCLOSURE
The property and the second se		(Rev. 07/2007) REPORT
IMPORTANT: Indicate by stype or committee you are reporting to a (2) Statewide/Legistative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) Kity Candidate (10) States (10) St	ite (7)School Board or Other Political	For Office Use Orfly
Subdivision Candidate (8) County PAC (9) City PAC (10) School St	and or Other Political Subdivision PAC	Comm.#
11) Local Ballot Issue		Logged in
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	Scanned
DEAN SEHMINE	DEMICAAT	Computer
Office Squark	District (if Senate or House)	Audited
Office Sought Surian Su		
Late reports are subject to possible civil and criminal penalties. Pur	suant to lowa Code sections 68B.32A	(7) and 68A.401(3), till Calibrate, for a
I have	712 443 834 TELEPHONE	DEC 15 2003
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	VA I E SIGNEV
	2013	
IAM FILINGA OCT 15 THACKER DEC 3	/_ REPORT FOR (1) ELECTION	/(2)NON-ELECTION YEAR.
(report date)	Indicate by	F [_!
☐CHECK IF AMENDMENT TO REPORT DATED		Local Committees, enter Date of Election
		County & Local Committees, enter County in
Check if this is final (termination) report and attach Notice of	f Dissolution Form DR-3.	which Flection is held
(You must continue to file reports until a DR-3 is filed.		C+FAODE E
STATEMENT OF CASH ON HAND)	
CASH ON HAND at the beginning of the reporting period. (To	tal of all funds held by the	
committee. This amount MUST be the same as the	ash on hand at the end	s 490 —
committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fit	streport ned)	
ADD TOTAL MONEY TAKEN IN THIS PERIOD	and the second	25
Schedule A: Cash Contributions total (Attach Sched	ule A) ("also see in-kind below)	
Schedule F: Loans Received total (Attach Schedule	F)	
Schedule H: Total Sales of Campaign Property (Atta	ich Schedule H)	
(Schedule Happlies to Candidates' Com	mittage Only)	2 5
	SUB-TOTAL	\$ 515
SUBTRACT TOTAL MONEY SPENT THIS PERIOD)	152 7
Schedule B: Expenditures total (Attach Schedule B)	("*also see debts and loans below	400 53
Schedule F: Loan Repayments total (Attach Schedu	<i>i</i> te F)	700
CASH ON HAND at the end of this reporting period (if final re	port balance must be zero)	s
**UNPAID BILLS (From Schedule D - Attach Schedule D)		s & S/B 279
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche	LEEN COIVEN	
"IN KIND CONTRIBUTIONS (From Schedule F - Attach Schedule F - Atta	de F).L.K.D.	YES X NO
CONSULTANT BREAKDOWN (Schedule G Attached?)		
CANDIDATE COMMITTEES ONLY:		. 0
VALUE OF CAMPAIGN PROPERTY (From Schedule H - At	ach Schedule H)	
STATE COMMITTEES: Submit a reconciled campaign acco	unt bank statement in January of e	ach year.
SIAIC COMME TENS		

Reset Form

For Instructions, See Back of Forn	Ear I	netrur	tions.	See	Back	of	Form
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CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as	on Statement of	Organization)
DOWN 14 SE		TREASORE

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

CONTRIBUTION PORT	oose by any person one.	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP		√ IF FOR
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
	ID#	I-INDA RINDINER		s	
OCT		5838 DAVE		25=	
23	CK#	LINDA BINDNER 5838 DAVE MARCUS INA 51035			===
	ID#				
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<u>, , , , , , , , , , , , , , , , , , , </u>	ID#				
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	CK#		SUB-TOTAL		
<u></u>				\$ 25 5	1
		TOTAL (If last pa	ige of this schedule	\$ 25 00	. [

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surrame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset	Form
COLUMN TO SERVICE PROPERTY.	the same of the Party

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization) SulfAulseit

10		TAN SUMMING SUITERNISER		
DATE EXPENDED (MM/DD/YR)	CANDIDATE D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
Neu	ID#	MARCUS NEWS	<u> </u>	l l
13	CK#	401 N MAIN 37	40	\$ 18 =
2009	Cita	MARGON INA		
Nev	ID#	CHRONICLE TIMES		70
2003	CK#		An	772
Nev	iD#	LABBLIA STAR 235 MAIN 57		57°=
2008	CK#	AUAELIA Iona	A D	15/=
	ID#	1		'
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İ	CK#			
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	CK#			
	ID#			
	CK#			
	iD#			
1	CK#			
			SUB-TOT	TAL \$ 152 =

THIS BOX APPLIE	S TO CANDIDATES'	COMMITTEES	ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

_	•	of	1
7200	•	O!	

\$152

TOTAL (if last page of this schedule)

	S, SEE BACK OF FORM	RESET	SCHEDULE
FO ELE	(Must be same as on Statement of Organization) CT PEAN SCHMINT ちんじろいちゃく		F LOANS (Rev. 02/08) RECEIVED
	DONNIK SCHMINT TARASUR	Æ	CHECK THIS BOX II
	e reports money loaned to the committee which is deposited in the co		AMENDING FORM
AL UNPAID LOA	INS FROM <u>LAST</u> REPORTING PERIOD \$ 3 200 20		
T - MONETAR (Original sc	Y LOANS RECEIVED <u>THIS</u> REPORTING PERIOD curce of loan, such as a bank, must be shown if a third party is involve	ed. Include loans from candi	date's personal funds.)
DATE RECEIVED	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
(MM/DD/YR)			\$
		TOTAL (PART I)	\$
RT II - MONET/ (Loans fo	ARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD orgiven must be reported on Schedule E — In-kind Contributions.)	TOTAL (PART I)	\$
(Loans fo	ngiven must be reported on Schedule E — In-land Commonwes.) NAME AND ADDRESS OF LENDER	T RELATIONSHIP TO	AMOUNT REPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		AMOUNT REPAID
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DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	T RELATIONSHIP TO	AMOUNT REPAID
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